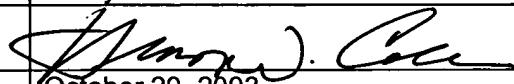


UTILITY PATENT APPLICATION TRANSMITTAL <i>(only for new nonprovisional applications under 37 CFR 1.53(b))</i>		Attorney Docket No.	CRD5039
		First Inventor	Marc Ramer
		Title	Neck Covering Device For An Aneurysm
		Express Mail Label No.	EI465910094US
APPLICATION ELEMENTS <i>See MPEP Chapter 600 concerning utility patent application contents.</i>		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(submit an original and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. 3. <input checked="" type="checkbox"/> Specification [Total Pages 16] <i>(Preferred arrangement set forth below)</i> - Descriptive Title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s)/35 USC 113) [Total Sheets 6] 5. Oath or Declaration [Total Pages 3] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 18. <input type="checkbox"/> If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-Part (CIP) of prior application No.: Prior application information: Examiner Group Art Unit: For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Request and Certifications under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other	
19. CORRESPONDENCE ADDRESS <input checked="" type="checkbox"/> Customer Number or Bar Code Label 000027777 or <input type="checkbox"/> Correspondence Address below Name: Philip S. Johnson, Esq. Address: Johnson & Johnson One Johnson & Johnson Plaza New Brunswick, NJ 08933-7003 USA			
20. TELEPHONE CONTACT Please direct all telephone calls or telefaxes to Henry W. Collins at: Telephone: (786) 313-2707 Fax: (786) 313-2747			
21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED			
NAME	Henry W. Collins	Reg. No. 25,039	
SIGNATURE			
DATE	October 29, 2003		

		Complete if Known	
		Application Number	Unknown
		Filing Date	October 29, 2003
		First Named Inventor	Marc Ramer
		Group Art Unit	Unknown
		Examiner Name	Unknown
		Attorney Docket Number	CRD5039

FEE CALCULATION

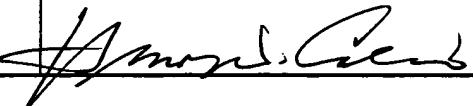
CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$750.00
TOTAL CLAIMS	19 - 20 =	0	x 18.00	\$ 0.00
INDEPENDENT CLAIMS	4 - 3 =	1	x 84.00	\$ 84.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$280.00	
			TOTAL FEES	\$ 834.00

METHOD OF PAYMENT

Please charge Deposit Account No. 10-0750/CRD5039/HWC in the amount of \$834.00. Three copies of this sheet are enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/CRD5039/HWC. Three copies of this sheet are enclosed.

SUBMITTED BY:		Complete (if applicable)
Typed or Printed Name	Henry W. Collins	Reg. No. 25,039
Signature		Date: October 29, 2003 Deposit Account No. 10-0750

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Marc Ramer

For : Neck Covering Device For An Aneurysm

Express Mail Certificate

"Express Mail" mailing number: EI465910094US

Date of Deposit: October 29, 2003

I hereby certify that this complete application, including specification pages, claims, formal drawings, Declaration and Power of Attorney, and Assignment, is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Jose Laguardia

(Typed or printed name of person mailing paper or fee)

Jose Laguardia

(Signature of person mailing paper or fee)

FEE TRANSMITTAL		<i>Complete if Known</i>	
		Application Number	Unknown
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		Group Art Unit	Unknown
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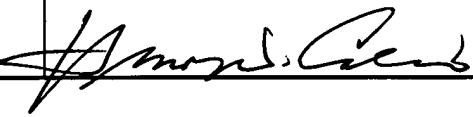
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